

# South Carolina Department of Social Services Afterschool Snack Program (ASP) SITE INFORMATION FORM

**COMPLETE ONE PER SITE**

Institution/Sponsor Name: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

				Estimated					
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Name and Address of the Site	Telephone Number With Area Code	Name of School Used in Establishing Area Eligibility	Estimated Time of Snack Service	Number of Students to be Served Daily	Beginning and Ending Date of School Year	Age Range	Fire inspection required?	Health inspection required?
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Circle the days of the week this site will operate:      M       T       W       T       F       SA       SU
2. Hours of Operation:    M-F from \_\_\_\_\_ to \_\_\_\_\_ ; SA-SU from \_\_\_\_\_ to \_\_\_\_\_ .
3. Method by which snacks will be provided:
- |   |   |
|---|---|
| <input type="checkbox"/> Preparation at meal service location<br><input type="checkbox"/> Contract with local school system | <input type="checkbox"/> Preparation at central kitchen<br><input type="checkbox"/> Contract with food service management company |
|---|---|
4. Name of County This Site is Located in: \_\_\_\_\_
5. Racial/ethnic makeup of the current enrollment. Use percentages. Percentages should equal 100.  
\_\_\_\_\_ White    \_\_\_\_\_ Black    \_\_\_\_\_ American Indian or Alaskan    \_\_\_\_\_ Asian or Pacific Islander    \_\_\_\_\_ Hispanic    \_\_\_\_\_ Bi-Racial    \_\_\_\_\_ Other
6. Institution Representative Completing Form: \_\_\_\_\_
- Do not write below this line.**

**FOR SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES (SCDSS) USE ONLY.**

Site Number: \_\_\_\_\_ Site Approval Month: \_\_\_\_\_ School Free and Reduced %: \_\_\_\_\_ Reference: \_\_\_\_\_

Effective Approval Period: \_\_\_\_\_ SCDSS Approver Initials: \_\_\_\_\_ Date: \_\_\_\_\_